DOCUMENT RESUME

ED 433 487 CG 029 462

AUTHOR Haggerty, Kevin; Kosterman, Rick; Catalano, Richard F.; Hawkins, J. David

TITLE Preparing for the Drug Free Years. Juvenile Justice Bulletin.

INSTITUTION Office of Juvenile Justice and Delinquent Prevention (Dept. of Justice), Washington, DC.

SPONS AGENCY National Inst. on Drug Abuse (DHHS/PHS), Rockville, MD.

REPORT NO NCJ-173408

PUB DATE 1999-07-00

NOTE 13p.

CONTRACT DA-070-29-01A1

AVAILABLE FROM Juvenile Justice Clearinghouse; Publication Reprint/Feedback, P.O. Box 6000, Rockville, MD 20849-6000; Tel.: 800-638-8736 (Toll Free); Fax: 301-519-5212; e-mail: askncjrs@ncjrs.org

PUB TYPE Reports - Descriptive (141)

EDRS PRICE MF01/PC01 Plus Postage.

DESCRIPTORS Alcohol Abuse; Behavior Problems; Curriculum Research; *Delinquency Prevention; Drug Abuse; *Early Adolescents; *Family Programs; Family Relationship; Intermediate Grades; *Parent Child Relationship; *Parenting Skills; Social Problems; Violence

IDENTIFIERS Juvenile Justice Delinquency Prevention Office

ABSTRACT

Preparing for the Drug Free Years (PDFY) is a family intervention program that seeks to help parents avoid specific parenting practices that increase the risk for adolescent problem behaviors and to increase practices that are likely to enhance family communication and bonding. The PDFY curriculum is designed for universal application and has been used and adapted with a broad range of various socioeconomic and cultural backgrounds while targeting parents of children in grades four through seven. This issue of the Bulletin provides an overview of the PDFY parenting program and summarizes the results of studies of the program. The studies provide evidence that the PDFY program is appropriate for general and diverse populations and that it can be successfully disseminated. These studies also show that PDFY improves parenting practices in ways that reduce risk factors and enhance protective factors for adolescent problem behaviors. (Contains 15 references and 5 annotated web sites.) (GCP)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

U.S. Department of Justice
Office of Justice Programs
Office of Juvenile Justice and Delinquency Prevention

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
☐ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

CG

OJJDP
Shay Bilchik, Administrator
July 1999
JUVENILE JUSTICE BULLETIN

ED 433 487

Preparing for the Drug Free Years

Kevin Haggerty, Rick Kosterman, Richard F. Catalano, and J. David Hawkins

The Office of Juvenile Justice and Delinquency Prevention (OJJDP) is dedicated to preventing and reversing trends of increased delinquency and violence among adolescents. These trends have alarmed the public and challenged the juvenile justice system. It is widely accepted that increases in delinquency and violence over the past decade are rooted in a number of interrelated social problems—child abuse and neglect, alcohol and drug abuse, youth conflict and aggression, and early sexual involvement—that may originate within the family structure. The focus of OJJDP's Family Strengthening Series is to provide assistance to ongoing efforts across the country to strengthen the family unit by discussing the effectiveness of family intervention programs and providing resources to families and communities.

Parents can play powerful, proactive roles in guiding child development. Studies have shown that parents can be taught to use consistent and skillful parenting practices, which are key to proactive family management. Effective parent training has been shown to help parents avoid specific parenting practices that increase the risk for adolescent problem behaviors and to increase practices that are likely to enhance family communication and bonding. Preparing for the Drug Free Years (PDFY) is one such program. The flexible PDFY curriculum, which is designed for universal application and has been used and adapted with a broad range of families of various socioeconomic and cultural backgrounds, targets parents of children in grades four through seven. It is designed to effectively reach adult learners regardless of learning style or level of education.

This Bulletin provides an overview of the PDFY parenting program and summarizes results of studies of the program. The research presented here is unique. Few studies with strong research designs have examined the effectiveness of parent training offered as a universal preventive intervention.

The goal of PDFY is to empower parents of children ages 8 to 14 to reduce the risks that their children will abuse drugs and alcohol or develop other common adolescent problems. PDFY teaches parents how to reduce critical risk factors and enhance protective factors that are especially important during the late elementary and middle school years.

History of the Program

PDFY grew out of a desire to teach parents the skills they need to prevent drug abuse in their families. This was particularly important during the mid-1980's as

From the Administrator

In the mid-1980's, rates of youth drug use were increasing across America. The Preparing for the Drug Free Years program was created to equip parents with skills that they could use to prevent their 8- to 14-year-old children from becoming involved with drugs.

This Bulletin describes the program's history from its introduction in the public schools of Seattle, WA, in 1987 to the present. The program has been implemented in more than 30 States and Canada and has trained more than 120,000 families.

Drawing on research conducted by Drs. David Hawkins and Richard Catalano, the program targets risk factors for juvenile substance abuse such as inadequate parental supervision, poor parent-child communication, ill-defined expectations for children's behavior, family conflict, favorable attitudes toward youth alcohol and drug use by parents or siblings, and parental alcoholism or drug use.

Reducing such risk factors and maximizing protective factors in the family setting are crucial to counteracting negative peer influences that could expose children to the risks of drug use. The Preparing for the Drug Free Years program offers schools and communities a promising approach for achieving those ends.

Shay Bilchik
Administrator

BEST COPY AVAILABLE

CG029462

rates of youth drug use and abuse increased throughout the Nation. The goal was to develop a program that could be used by a large number of parents to reduce family risk factors, enhance family protective factors, and employ parenting skills that would reduce children's health risks. The PDFY curriculum was developed with these goals, field tested in Seattle, WA, schools, and then developed into a video-assisted program for wider distribution in 1987.

The curriculum was field tested for 2 years in 10 Seattle public schools. In these schools, 52 percent of the students were people of color, 48 percent were from low-income families (based on eligibility for a Federal free lunch program), and 39 percent were from single-parent families. In addition to the public school field tests, the curriculum has been tested as part of a regional broadcast media program, in different statewide implementations, within a health maintenance organization, and in a project focusing on families of color. Since its introduction in 1987, PDFY has been implemented in more than 30 States and in Canada. The program has trained more than 120,000 families (see table 1).

Empirical Base

Preventive efforts aimed at delinquency and drug abuse that are based on models of adolescent problem behaviors that are inconsistent with empirical evidence often fail. Recent research has identified some of the potential causes of adolescent problem behaviors, including drug abuse, delinquency, violence, dropping out of school, and teenage pregnancy (Brewer et al., 1995; Hawkins, Arthur, and Catalano, 1995; Resnick et al., 1997). These studies have helped to usher in a new era of prevention focused on risk factors and protective factors. Interventions at any level, from the individual to the community, can now be designed to address known predictors of adolescent problem behaviors that have been identified in the empirical literature.

A critically important feature of PDFY is the research base on which it was developed. Drs. David Hawkins and Richard Catalano, researchers in the field of prevention of risk behavior at the University of Washington, conducted a comprehensive review of the literature on risk and protective factors and used their research as the empirical cornerstone of the PDFY curriculum (Hawkins, Catalano, and Miller, 1992). Important risk factors include:

- Little parental supervision and monitoring.
- Low degree of communication and interaction between parents and children.
- Poorly defined and poorly communicated rules and expectations for children's behavior.
- Inconsistent and excessively severe discipline.

Other family risk factors for substance abuse include:

- Family conflict.
- Favorable parental attitudes toward teen alcohol and drug use.
- Favorable sibling attitudes toward alcohol and drug use.
- Parental alcoholism or drug use.

Parents' expectations regarding their children's drug use or friendship choices may be particularly important because parents often influence their children's early first use of drugs and their choice of friends who use alcohol or other drugs.

Conversely, families can provide the following protective factors against the development of health and behavior problems in children:

- Parental support for child competencies.
- Parental warmth and affection.
- Parental presentation of healthy beliefs and clear standards for behavior.

Enhancing protective factors in the family environment is particularly important as children enter the middle school years and move into early adolescence. During this period, the growing influence of peers and the transition from elementary to middle school environments increase children's exposure to a variety of risks.

Table 1: History of Preparing for the Drug Free Years

1984	Began as part of a comprehensive school-based drug abuse prevention program.
1987	Developed into market-ready product by Developmental Research and Programs as part of the KING–TV (Seattle's NBC affiliate station) dissemination program.
1990–94	Tested dissemination in several States and in ethnic minority communities.
1991–97	Tested efficacy in Iowa with Project Family.

Theoretical Base

The PDFY curriculum is guided theoretically by the social development model, which emphasizes the role of bonding to family, school, and peers in healthy adolescent development. The model specifies that strong bonding to positive influences reduces the probability of delinquency and other problem behaviors. Bonding to the

family, according to the model, involves three critical factors:

- The extent to which positive opportunities for involvement in the family are available to the child.
- The skills with which the child participates in the family to complete tasks, solve problems, and interact with others.
- The rewards and punishments provided by parents for behaviors that conform to or violate the family expectations and beliefs.

Guided by this social development model, PDFY seeks to reduce adolescent drug abuse and behavioral problems by:

- Increasing opportunities for involvement and interaction between parents and children.
- Teaching parents and children skills to help them resist peer pressure and refuse to engage in inappropriate behavior.
- Increasing rewards for prosocial behavior through parents' consistent and contingent family management.
- Managing and reducing family conflict.

The Program Curriculum

The curriculum is usually offered in a five-session 2-hour format. However, the program is flexible and has been adapted to a 10-session 1-hour format to accommodate delivery of PDFY in the workplace during the lunch hour. Some workshop leaders have spread the curriculum across more than five 2-hour sessions to accommodate additional parent discussion and practice of skills taught by the curriculum. For example, one group began each set of workshops with a potluck dinner for parents, provided half of the content of the first session, and expanded the number of sessions to six. The curriculum's content is described below.

Session 1, "Getting Started: How to Prevent Drug Abuse in Your Family," provides an overview of the PDFY program and of risk factors for substance abuse including family management problems, family drug use and positive attitudes toward use, alienation and rebelliousness, friends who use drugs, and early first use of drugs or alcohol. Parents learn about the nature and extent of drug use and abuse among teens. Participants learn how family bonding combined with healthy beliefs and clear standards can protect children from developing health and behavior problems. Parents learn how they can strengthen bonds by providing children opportunities, skills, and reinforcement or rewards for positive family involvement. In this session, parents practice the steps for conducting a family meeting to plan a joint recreational activity as one mechanism for increasing opportunities for rewarding involvement in the family.

Session 2, "Setting Clear Family Expectations on Drugs and Alcohol," focuses on reducing such risk factors as poor family management, favorable attitudes toward substance use, and early first use of drugs or alcohol. This session teaches parents how to establish healthy beliefs and clear standards for behavior, involve their children in creating a family policy about alcohol and other drugs, use family meetings, and recognize their children's role in developing a family position on drugs. The session begins with parents identifying their hopes and dreams for their children and how these hopes and dreams are jeopardized by drug use. Parents then learn to clarify their own expectations on alcohol and other drug use. They learn how to develop family guidelines and monitoring strategies and how to establish clear consequences for following or breaking the stated family rules on alcohol and other drug use. Finally, parents practice introducing a family position and involving their children in discussing and developing the family position during a family meeting.

Session 3, "Avoiding Trouble," focuses on risk factors including friends who use drugs, antisocial behavior in early adolescence, and early first use of alcohol or other drugs. Children attend this session with their parents. Together they learn to resist peer pressure to use drugs or alcohol or engage in antisocial behavior, using the five steps of Refusal Skills™.[1] The five steps include:

- Ask questions.
- Name the trouble.
- Identify the consequences.
- Suggest an alternative.
- Move it, sell it, and leave the door open (move away from the situation, sell the alternative to your friend, and leave the door open for later).

Each skill is taught using the cognitive behavioral techniques of introduction, discussion, role-play, and feedback. Further, parents and their children practice using refusal skills under pressure from friends. While one person applies the pressure of a negative influence in a role-play situation, the other practices using refusal skills under pressure. The steps for resisting pressure include:

- Stay calm.
- Say the person's name and make eye contact.
- Say, "Listen to me."
- Pause.
- Continue using the steps for Refusal Skills™.

Parents and children also role-play Refusal Skills™ under pressure when a group plays the role of the negative influence.

4

[1] Refusal Skills™ is a registered trademark of and the five-step model copyrighted by Roberts Fitzmahan and Associates; each is used by Preparing for the Drug Free Years with permission.

Participants practice pulling aside one of the group members and using Refusal Skills ™. Finally, parents and their children discuss how to handle difficult refusal situations such as riding in a car where a friend applies pressure to use drugs or alcohol. Parents practice coaching their children to use refusal skills. Well-developed peer-resistance skills are expected to increase children's protection against later problem behavior.

Session 4, "Managing Family Conflict," is aimed at reducing the risks related to family conflict, poor family management, and alienation and rebelliousness. Parents identify and discuss the strategies they are currently using to express anger in their families. Parents identify how anger in the family can threaten family bonds. Parents learn and practice skills to express anger constructively and control anger without damaging family bonds.

In session 5, "Strengthening Family Bonds," parents explore ways to strengthen protection of their children by expanding opportunities for child involvement in the family. The session addresses the risk factors of poor family management, alienation and rebelliousness, lack of bonding to the family, and antisocial behavior in early adolescence. Parents learn how their children's involvement in family maintenance, health, financial, and governance tasks strengthens family bonds. Together, parents explore creative ways to expand opportunities for involvement in each of these four areas. Expanding family roles strengthens the protective value of family involvement and can teach skills necessary to perform tasks successfully. Parents practice expressing positive feelings and love to teenagers. Finally, session leaders provide parents with a process for developing a parenting support network to continue beyond the PDFY sessions. Generally, about 30 percent of the workshop participants choose to continue meeting in some capacity to deal with emerging issues of adolescence.

Sessions are typically conducted by two trained workshop leaders from the community. The curriculum kit consists of a workshop leaders' guide, a companion videotape series (one videotape for each session), and a family activity book for each participating family. The workshop leaders' guide provides session objectives, needed materials, and a scripted overview of the curriculum. In addition, the guide includes detailed information on how to conduct the parenting workshops and provides a sample recruitment brochure for parents. The companion videotapes model a variety of the targeted skills, present an accurate summary of the curriculum material, and present discussions by parents about how the program worked in their families. The family activity book is also designed to summarize the curriculum material; it offers family meeting agendas and other suggested activities. At the end of each session, a family meeting is assigned to be completed during the week to transfer session content to the home setting. Each PDFY session provides parents with an opportunity to practice the upcoming family meeting. The family activity book includes pullout pages for families to post in their homes.

A variety of optional materials are available to supplement the basic kit. These include a question-and-answer audiotape about risk factors to assist workshop leaders in answering difficult questions, an "ethnic adaptation guide" to assist with tailoring the curriculum for specific ethnic groups, and a "drug free tool kit" that provides aids for recruitment and retention of parents.

The curriculum sessions themselves are based on three important assumptions:

- Parents can play an important role in the reduction of risk factors for adolescent problem behaviors by their children.
- Parents can protect their children by offering them opportunities for involvement within the family, teaching them skills for success, recognizing and rewarding their involvement, and communicating clear family norms for appropriate behavior.
- Regular family meetings provide a mechanism for family involvement and serve as a way to transfer the content and skills from the curriculum into the home environment.

The PDFY program is commercially available through Developmental Research and Programs. Community members, taught to conduct the workshops by trainers from the company, can easily implement the PDFY program. A 3-day training course provides workshop leaders with a detailed overview of the program content, practical tips, and opportunities to practice delivering the program to parents in their communities.

PDFY has been offered to parents in schools, churches, community centers, homes, hospitals, and even prisons across

the country. In 1988, PDFY was the focus of a media campaign coordinated with a Seattle television affiliate and broadcast across most of western Washington State. This campaign entailed an hour-long television special followed by community-based workshops in 87 western Washington communities. Four States (Illinois, Kansas, Oregon, and West Virginia) have sponsored statewide implementations of PDFY. Most recently, the program has been implemented as part of a two-phased experimental evaluation in rural Iowa.

Evaluation Studies

Evaluation studies of PDFY have addressed two major issues. First, because the program is designed for the general public, the success of dissemination efforts has been assessed. The questions addressed here are:

- Does the program have a strategy for dissemination?
- Can a broad cross-section of parents be recruited for participation?
- Is the program appropriate, or can it be made appropriate, for diverse groups?

The second issue is the efficacy of the program. The questions here concern the immediate goals and the more long-term goals of the intervention:

- Does the program reduce targeted risk factors and/or enhance protective factors?

- Does the program achieve the ultimate goal of reducing substance abuse?

Dissemination Studies

Early tests of PDFY were primarily designed to test dissemination efforts, although they also often included pre- and posttest assessments of program effects.

Broadcast media dissemination. An early study by Hawkins, Catalano, and Kent (1991) is notable in the scope of the program's exposure to a broad sample. This intervention began with a 1-hour television special airing at 9 p.m. PT on a Tuesday evening on the NBC affiliate station in the greater Seattle-area media market. An estimated 98,000 households viewed the program, which included a dramatization of the consequences of teenage drug abuse, reviewed risk factors for drug abuse, and presented family risk-reduction strategies. For 2 weeks prior to the campaign, public service announcements regarding the existence and locations of PDFY workshops continued throughout the day and evening, and written promotional materials were distributed throughout the area. A total of 87 different workshop sites were established in the area. Workshops were led by community members who had attended the 3-day training program.

At least 2,497 parents voluntarily attended the workshops. An evaluation of the PDFY curriculum was conducted at a sample of 20 sites, stratified for rural, suburban, and urban locations. At these sites, from 401 (first session) to 250 (last session) participants completed questionnaires both before and immediately after each workshop. Ninety percent of the parents were Caucasian, and most had children in grades four through seven (the targeted age group). The data indicated that the majority of the participants (53 percent) had viewed the television special and had learned about the workshops either through the special (29 percent) or through their child's school (72 percent; multiple responses were allowed) (see figure 1). Only 21 percent of participants said they had learned of the workshops through televised public service announcements. This televised recruitment strategy reached beyond those who traditionally attend parenting workshops; 65 percent of the participants had not previously attended such a workshop.

Although attendance dropped from the first session to the final session in the Seattle media market implementation, approximately 69 percent of the original attendees completed the program. Following the final session, participants reported that they found the workshops very worthwhile. Overall sessions, exercises, materials, and workshop content, process, and leaders were rated highly; on a scale of 1=not worthwhile/poor to 6=very worthwhile/excellent, mean ratings ranged from 4.8 to 5.6.

Participants also were asked to report knowledge, attitudes, and behaviors relevant to the goals of the program. Planned comparisons of linked pre- and posttest scores were conducted across 30 separate measures. Of these 30 measures, 23 showed significant improvement. Among other changes, participants at posttest were more likely to understand the importance of good family management, including the following elements:

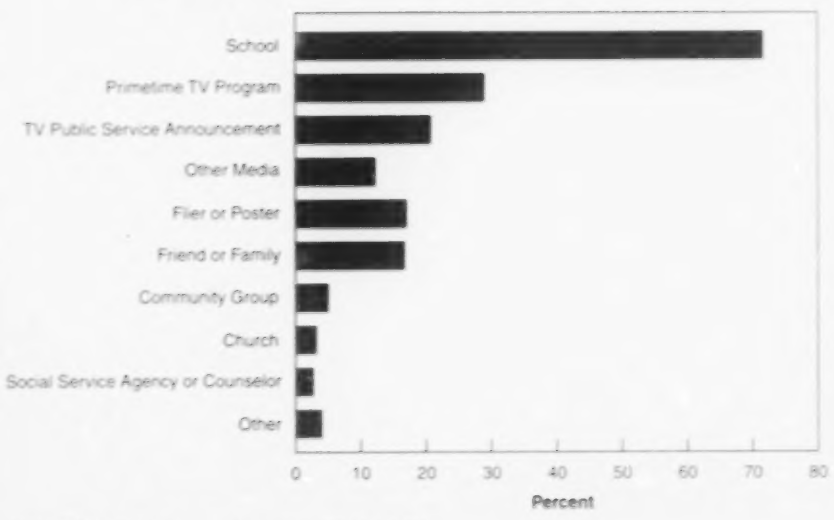
- Explicit family policy on drugs.
- Increased motivation to teach and practice refusal skills.
- Constructive expression of anger to avoid weakening family bonds.
- Active involvement of adolescents in new family roles.

Also, during the workshops, at least 59 percent of the participants reported having conducted a family meeting as instructed in PDFY (only 29 percent said they had periodic family meetings before participating in PDFY). Although these results are only suggestive, because there was no comparison group, they indicate that the program worked and that key points were successfully communicated to a broad sample of participants.

Statewide dissemination. The most fully documented statewide dissemination study was conducted in Oregon (Heuser, 1990). PDFY was implemented with families across 32 counties and within 4 State agencies. In all, 195 workshop groups were organized, 10 of which specifically targeted families in which the parents were clients of various State agencies (e.g., Adult and Family Services, Oregon Department of Corrections, and so on). All workshops were led by trained community members. A representative sample of 46 workshops, which included 759 participants, was selected for evaluation (including 8 of the 10 State agency workshops). This sample was 84 percent Caucasian, and the majority of the participants were parents of children in grades four through six (54 percent).

In Oregon, families were recruited for the study with radio, television, and newspaper advertisements; distribution of posters and brochures; and announcements at churches, schools, and public agencies. Most participants reported hearing about the workshops through their child's school (45 percent) or from a friend or family member (34 percent).

Figure 1: Sources From Which Program Participants Learned of Workshops



Note: More than one response possible (n=401).

although most State agency participants were recruited directly by the agency. Again, a large proportion of those recruited had never attended a parenting workshop. Sixty-five percent of the public and 68 percent of the agency participants had never attended a parenting workshop before, and more than 90 percent of both groups had never attended a drug prevention workshop. Over the course of the workshop sessions, overall attendance fell approximately 33 percent (the dropout rate was approximately 31 percent in the public group and 42 percent in the agency group). However, following each workshop, participants indicated—as they had in Washington—that they found the curriculum worthwhile and reported improvements in each of the workshop objectives (see figure 2).

On a scale of 0 (no value at all) to 10 (highest value), participants in the Oregon workshops were asked to rate the value of the workshop for "[their] plans to work with [their] children to prevent drug abuse." Mean responses ranged from 8.5 to 9.1.

To assess the effectiveness of the PDFY program in terms of knowledge gain and attitude change, paired *t*-tests were used to compare pre- and posttest scores across 36 different items. These analyses were conducted separately for the public sample, which was not considered to be at high risk, and the high-risk agency sample. For the public sample, significant improvements were found for 28 of the 36 items. Among the participants who constituted the high-risk agency sample, there were significant improvements in 16 of the 36 items. When specifically asked whether they had conducted a family meeting in the past week, as each PDFY session instructed them to do, up to 61 percent of the families in the public sample reported having done so, as did up to 49 percent of the families in the agency sample.

Another statewide dissemination of PDFY took place in Kansas with the Kansas Family Initiative. Although the specifics of implementation and effectiveness are not as well documented as they were in Oregon, the Kansas effort was extensive, involving more than 500 trained volunteers to lead workshops across the State. As before, almost all participants (91–94 percent) reported positive attitudes about the program and its usefulness. They also reported substantial knowledge gain and skills acquisition (up to 22-percent improvement) from most sessions, and 84–90 percent felt they had learned how to implement new skills at home.

Together, these findings indicate that statewide implementations of PDFY have been successful in targeting the intended audience (parents of preteens) and that these parents find the program worthwhile and of high value. In addition, although results vary, there are indications that PDFY sessions are improving parents' knowledge and changing important attitudes and behaviors relevant to later teen substance use. Although they did not include documented evaluations, additional statewide disseminations of PDFY have occurred in Illinois and West Virginia.

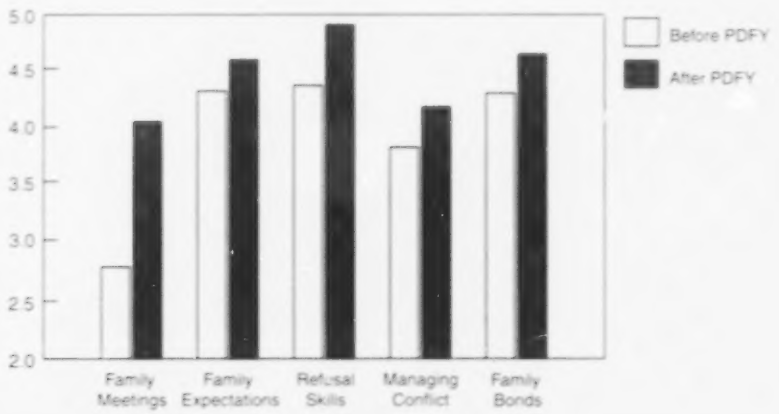
Dissemination in ethnic minority communities. A PDFY study by Harachi, Catalano, and Hawkins (1997) spanned more than 2 years and targeted families of color. Naturally existing social networks or structures serving minority populations were identified for recruitment and for workshop sites. For example, a church that conducts services in Spanish proved to be helpful in recruiting Hispanic participants. Project staff contacted the networks and sites to solicit support for the program and to inquire about using their structures as sites for the parenting workshops. In addition to churches, community recreation centers, schools, and social service agencies were often very helpful. Many parents were recruited by trained recruiters hired from the targeted communities, by direct calls from workshop leaders, and by informational brochures left at targeted locations. In addition, recruiters contacted personal networks, made announcements at community events, and organized some door-to-door efforts. Calls were made to phone numbers pulled from various directories and lists provided by cooperating organizations such as schools, churches, and community associations.

Workshops were conducted by trained community members whose ethnicity and spoken language (when English was a second language) were congruent with the target population. Throughout the training, workshop leaders were encouraged to adapt the PDFY curriculum to meet the specific needs of the families in their target communities. The training included examples of how the program content could be tailored to different audiences and how delivery methods could be tailored to different learning styles across cultures. One initial adaptation made by the group was marketing the workshops as a program to "strengthen and support families" rather than explicitly to prevent drug use. Workshop leaders felt that this strategy better communicated the program's positive focus.

In all, 27 different workshops were implemented with a total of 455 participants. More than 64 percent of the sample were foreign born. Figure 3 shows the breakdown of participants' ethnic backgrounds.

Workshop leaders were encouraged to adapt the curriculum and include other

Figure 2: Mean Improvements in Parents' Reports on Their Families



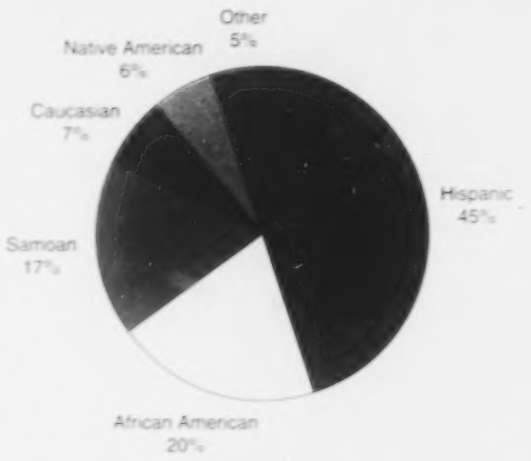
Source: From the Oregon statewide implementation (Heuser, 1990).
Note: Results are descriptive, based on quasi-experimental pretest-posttest design (n=129).

material they believed would be appropriate for the parents in their workshops. Although PDFY is designed to be offered in five sessions, most of the workshops ranged from five to nine sessions. More than half of the groups (59 percent) incorporated additional topics into the workshops, often including additional family management practices such as monitoring strategies, appropriate discipline techniques, and definitions of child abuse. The latter topic was especially relevant to immigrant families who were unfamiliar with child abuse laws in the United States. Nearly two-thirds (67 percent) of the workshops for Hispanic and Samoan parents included discussions of and skill-building exercises on parent-child communication. Workshop leaders in about 40 percent of the workshops with Hispanic and African-American families added a discussion on handling discrimination, targeted either at the parent or at the child.

The method of delivery differed more than the content from the suggested format and methods. For example, most workshops conducted in Spanish or Samoan did not use videotapes. In general, the workshops were less interactive than suggested by the curriculum. Large group discussion formats were used, and less time was provided for individual skill practice.

The most effective recruitment mechanisms for these different groups included strategies to access personal social networks, such as churches (for Hispanics and Samoans), schools (for African Americans), and friends (for Samoans and Native Americans). Although this evaluation did not assess satisfaction with or effectiveness of the program directly, it did report attendance patterns. Approximately 55 percent of participants attended at least half of the offered sessions. (The study did not report specific dropout rates from the first to final sessions because workshop leaders often added sessions, depending on the needs of their specific groups, and dropout rates would not have been comparable with other studies.) Many parents cited their work schedules and other time conflicts as the most common reasons for nonattendance. Nevertheless, most parents (71 percent) had never attended any kind of parenting workshop, and 85 percent had never attended a drug prevention workshop before. The turnout reported here suggests both the need for prevention workshops in diverse communities (Hawkins and Salisbury, 1983) and the efficacy of using culturally appropriate recruitment strategies.

Figure 3: Ethnic Composition of PDFY Dissemination Targeting Families of Color



Source: Harachi, Catalano, and Hawkins, 1997.

Project Family

Pilot phase. Recently, the PDFY curriculum has been tested experimentally with families in rural Iowa. This study is part of Project Family, a series of studies conducted at Iowa State University, and for which Richard Spoth is the principal investigator, in collaboration with the Social Development Research Group at the University of Washington. In the pilot phase of this project (Spoth et al., 1995), all families with sixth and seventh grade children in nine different schools were called and invited to participate (387 families were invited). The schools had been selected from districts meeting eligibility requirements for the federally supported school lunch program. Although not all families were eligible for school lunch benefits, the median annual per capita income was $6,800 ($27,200 for a family of four). A total of 209 families completed the pretest, and 175 (84 percent) of these families completed the final posttest assessment. Each family was offered a financial incentive of approximately $10 per hour per family member for time devoted to study assessments. No monetary incentives were provided for attending the PDFY sessions. Virtually all participants were Caucasian.

Attendance records indicate that most parents assigned to the intervention group attended most of the PDFY sessions; 88 percent of enrolled mothers and 69 percent of enrolled fathers attended three or more sessions; nearly one-half of the mothers (47 percent) and one-third of the fathers (32 percent) attended all five sessions. The mean attendance was 3.9 sessions for enrolled mothers and 3.1 sessions for enrolled fathers.

The Iowa PDFY experiment involved more extensive data collection regarding effectiveness than the previous studies. In addition to more indepth written questionnaires assessing knowledge, attitudes, and self-reported behavior, families also were videotaped in two structured interaction tasks. One focused on general questions concerning family life (chores, roles, parental monitoring), and the other focused on family problem solving. After the families were randomly assigned to the intervention condition or the waitlist control condition (to receive the curriculum following data collection), they completed questionnaires and appeared on videotape at both pretest and posttest. Posttest assessments occurred approximately 2–9 weeks following the PDFY sessions. The waitlist control condition group received no intervention during this time. As in other PDFY implementations, workshops were led by members of the communities in which they were conducted (workshop leaders received 4 days of training). Data on the fidelity of the PDFY implementation by these leaders were also collected.

Results of this evaluation provided the strongest evidence yet for both the fidelity of PDFY when administered by community members in an efficacy trial and the impact of the program itself in teaching skills and changing behaviors. Observations of workshop leaders revealed that, although there was some variability in coverage of the program content, each pair of leaders covered most of the curriculum and that each pair covered each of the core program concepts. The observation scores indicated that the workshop leaders covered 74–82 percent of the full PDFY curriculum content.

With regard to program impact, analyses of parent outcome measures (controlling for pretest measures) indicated significant overall improvement on intervention-targeted parenting behaviors and general child management skills as reported by parents (Spoth et al., 1995) (see figure 4).

In other analyses examining these data, outcomes targeted by the specific intervention sessions were tested separately, using both the self-reported and videotaped assessments (Kosterman et al., 1997, 1998). Specifically, results indicated that mothers in the PDFY group were significantly more likely to:

- Report that they give rewards to their children for good behavior.
- Communicate rules regarding substance use.
- Punish their children appropriately for misbehavior.
- Restrict their children's alcohol use.
- Expect their children to refuse beer from a friend.
- Express less conflict with their spouses.
- Work at being more involved with their children.

Fathers in the intervention group also reported significantly more communication of rules regarding substance use to their children and more involvement with their children. Observations yielded results that were consistent with the self-reported findings. Mothers in the intervention group exhibited significantly more proactive communication, less conflict, and more improvement in relationship quality or bonding with their children than mothers in the control group (although the latter finding was significant at only $p<.06$). Fathers in the intervention group also exhibited significantly more proactive communication and better relationship quality or bonding than fathers in the control group. All of these outcomes were goals of specific sessions in the PDFY curriculum.

As a further check on the validity of the findings from the Iowa PDFY study, additional analyses examined:

- Effects of the intervention on outcomes that were superficially similar to targeted measures but that were not targeted by PDFY.
- Increments in improvement when the intervention group was restricted to only those who attended specific PDFY sessions (Kosterman et al., 1998).

These analyses were conducted to demonstrate that specific PDFY objectives were linked with specific outcomes and that these effects were not due to more global causes such as parents merely being aware that they were part of an intervention or desiring to impress the researchers with the "right answer." Indeed, no significant differences between intervention and control groups were found among the six nontargeted parenting behaviors examined in the study but not addressed in PDFY workshops. For example, while mothers in the PDFY group reported being more likely to reward their children (as instructed in PDFY), they were not significantly more likely to receive rewards from their children or to reward or receive rewards from their spouses (not instructed in PDFY). While both mothers and fathers assigned to PDFY reported more involvement with their children (included in PDFY), they did not report more involvement with each other (not included in PDFY). Along similar lines, there was evidence that the subgroup of parents who actually attended specific workshops showed greater improvement on reported parenting behaviors emphasized in those workshops than the entire experimental group, which included nonattendees. Compared with the entire experimental group, the attendees demonstrated more improvement for 19 of 28 (68 percent) targeted behaviors, but only 4 of 12 (33 percent) nontargeted behaviors. These findings help to further link improvement in specific behaviors to attendance at specific PDFY sessions.

Trial phase. Additional results are available from an experimental study with followup assessments also involving rural Iowa families. Most of the critical features of the second experiment were identical to the pilot study, except for the inclusion of a larger sample, a school-based random assignment to condition (i.e., all students at a school were randomly assigned to the same condition), and a longer followup period (1 and 2 years posttreatment). In all, 360 sixth grade students and their parents completed both pretest and posttest measures. Among enrolled families, 93 percent attended three or more sessions, and 63 percent attended all five sessions. Initial findings replicate those of the pilot study. Among parents assigned to the PDFY curriculum, intervention-targeted parenting behaviors showed significant improvement for both mothers and fathers, consistent with PDFY objectives (no differences between schools were found on these measures within the PDFY and control conditions). More recent findings on long-term followup indicate sustained improvements in parent behaviors and subsequent reductions in children's

smoking and drinking behaviors (Spoth, Redmond, and Shin, 1998; Spoth et al., 1997, 1998).

Implementation Issues

Despite the positive findings reviewed above, perhaps the greatest overall challenge to the effective implementation of a universal delinquency and drug abuse prevention program is the recruitment and retention of parents. Schools and communities have been successful when they have used multiple strategies to effectively recruit and retain parents in PDFY. The most successful strategies appear to be those that remove common barriers to participation. These strategies include offering the program at various times and in various locations accessible by the targeted population, providing childcare and food for the sessions, and offering transportation when needed. A variety of other strategies have been used effectively to recruit parents, including:

- Raffling off a bicycle (or other prizes) to parents who attend at least four workshop sessions.
- Using teachers and principals at children's schools to promote the program.
- Engaging local print or television media to promote the workshops or cover them as a story.
- Offering enjoyable corresponding programs for youth that take place during the parenting workshops.

Additionally, it is important to involve people in the community who are trusted and respected—for example, local clergy, other parents, community role models, and representatives of the local media.

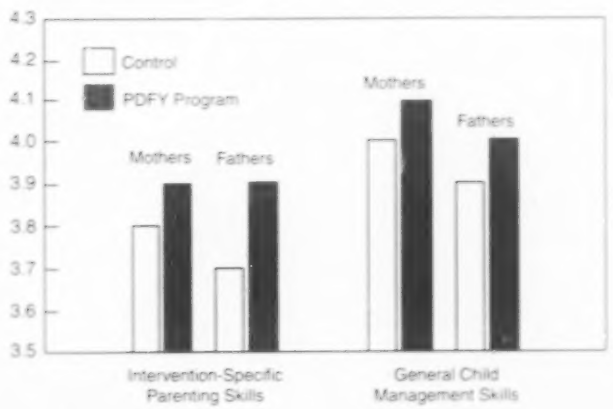
Recruitment strategies must be tailored to the individual needs of the community where the program is being offered. No single approach will work every time or in every community. One PDFY trainer from Vancouver, WA, summed up the situation when she said, "We've had the most success when we've had volunteers at the school who have been through the program and are outgoing in nature. Having gone through the program, they're comfortable standing up and talking about this program. When we have this kind of support we've always filled each workshop" (Hawkins and Catalano, 1992:98). Creativity, commitment, and imagination are often the most important tools for parent recruitment.

Summary

Together, these studies provide promising evidence that the PDFY program is appropriate for general and diverse populations and that it can be successfully disseminated. Most important, these studies show that PDFY improves parenting practices in ways that reduce risk factors and enhance protective factors for adolescent problem behaviors. The initial pre- and posttest single-group evaluations described here demonstrate the acceptability and applicability of PDFY and the program's effectiveness in teaching key parenting concepts to a very broad voluntary audience. These studies also suggest that participating families are likely to implement family meetings, a central objective of the curriculum. The experimental findings are promising in several respects. As before, these studies demonstrate the applicability of PDFY when looking at specific targeted outcomes. Data from the observations of workshop leaders show that training community members to lead workshops is effective. In addition, the studies show that most parents, once they agree to participate in the program, will attend most of the PDFY sessions.

As communities and schools identify and prioritize risk and protective factors, it is important to consider effective parenting programs as critical components of comprehensive prevention strategies. PDFY offers schools and communities a well-researched, universal parenting program that enhances protective factors, reduces risk factors, and ultimately decreases problem behaviors among teens.

Figure 4: PDFY and Control Group Improvements in Parenting Outcome Means, by Experimental Condition



Source: Spoth et al., 1995.
Note: Significance levels for all analysis of covariance (ANCOVA) tests were significant at $p<0.5$.

For Further Information

To find out more about program development, dissemination, and training, contact Developmental Research and Programs, 130 Nickerson Street, Suite 107, Seattle, WA 98109; 800–736–2630, 206–286–1462 (Fax); www.drp.org (Internet).

References

Brewer, D.D., Hawkins, J.D., Catalano, R.F., and Neckerman, H.J. 1995. Preventing serious, violent and chronic juvenile offending: A review of evaluations of selected strategies in childhood, adolescence, and the community. In *Sourcebook: Serious, Violent, and Chronic Juvenile Offenders*, edited by J.C. Howell, B. Krisberg, J.D. Hawkins, and J.J. Wilson. Thousand Oaks, CA: Sage Publications, pp. 61–141.

Harachi, T.W., Catalano, R.F., and Hawkins, J.D. 1997. Effective recruitment for parenting programs within ethnic minority communities. *Child and Adolescent Social Work Journal* 14(1):23–39.

Hawkins, J.D., Arthur, M.W., and Catalano, R.F. 1995. Preventing substance abuse. In *Building a Safer Society: Strategic*

Approaches to Crime Prevention, Crime and Justice series volume 19, edited by M. Tonry and D. Farmington. Chicago, IL: Chicago University Press, pp. 343–427.

Hawkins, J.D., and Catalano, R.F. 1992. *Communities That Care: Action for Drug Abuse Prevention*. San Francisco, CA: Jossey-Bass Publishers.

Hawkins, J.D., Catalano, R.F., and Kent, L.A. 1991. Combining broadcast media and parent education to prevent teenage drug abuse. In *Persuasive Communication and Drug Abuse Prevention*, edited by L. Donohew, H.E. Sypher, and W.J. Bukoski. Hillsdale, NJ: Lawrence Erlbaum Associates, pp. 283–294.

Hawkins, J.D., Catalano, R.F., and Miller, J.Y. 1992. Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention. *Psychological Bulletin* 112(1):64–105.

Hawkins, J.D., and Salisbury, B.R. 1983. Delinquency prevention programs for minorities of color. *Social Work Research and Abstracts* 19(4):5–12.

Heuser, J.P. 1990. A preliminary evaluation of the short-term impact of the Preparing for the Drug Free Years community service program in Oregon. Unpublished manuscript. Salem, OR: Oregon Department of Justice, Crime Analysis Center.

Kosterman, R., Hawkins, J.D., Haggerty, K.P., Spoth, R., and Redmond, C. 1998. Preparing for the Drug Free Years: Session specific effects of a universal parent training intervention with rural families. Unpublished manuscript. Seattle, WA: University of Washington, School of Social Work.

Kosterman, R., Hawkins, J.D., Spoth, R., Haggerty, K.P., and Zhu, K. 1997. Effects of preventive parent training intervention on observed family interactions: Proximal outcomes from Preparing for the Drug Free Years. *Journal of Community Psychology* 25(4):277–292.

Resnick, M.D., Bearman, P.S., Blum, R.W., Bauman, K.E., Harris, K.M., Jones, J., Tabor, J., Beuhring, T., Sieving, R.E., Shew, M., Ireland, M., Bearinger, L.H., and Udry, J.R. 1997. Protecting adolescents from harm: Findings from the National Longitudinal Study on Adolescent Health. *Journal of the American Medical Association* 278(10):823–832.

Spoth, R., Redmond, C., Haggerty, K., and Ward, T. 1995. A controlled outcome study examining individual difference and attendance effects. *Journal of Primary Prevention* 57(May):449–464.

Spoth, R., Redmond, C., Hockaday, C., and Yoo, S. 1997. Protective factors and young adolescent tendency to abstain from alcohol use: A model using two waves of intervention study data. *American Journal of Community Psychology* 24(December):749–770.

Spoth, R., Redmond, C., and Shin, C. 1998. Direct and indirect latent parenting outcomes of two universal family-focused preventive interventions: Extending a public health-oriented research base. *Journal of Consulting and Clinical Psychology* 66(April):385–399.

Spoth, R., Redmond, C., Shin, C., Lepper, H., Haggerty, K., and Wall, M. 1998. Risk moderation of proximal parent-child outcomes of a universal family focused preventive intervention: A test and replication. *American Journal of Orthopsychiatry* 68(4):565–579.

Points of view or opinions expressed in this document are those of the authors and do not necessarily represent the official position or policies of OJJDP or the U.S. Department of Justice.

The Office of Juvenile Justice and Delinquency Prevention is a component of the Office of Justice Programs, which also includes the Bureau of Justice Assistance, the Bureau of Justice Statistics, the National Institute of Justice, and the Office for Victims of Crime.

Acknowledgments

This Bulletin was prepared by Kevin Haggerty, M.S.W., Rick Kosterman, Ph.D., Richard F. Catalano, Ph.D., and J. David Hawkins, Ph.D., Social Development Research Group, School of Social Work, University of Washington.

The authors gratefully acknowledge Richard Spoth and Cleve Redmond for their collaboration on the implementation of PDFY in Project Family data analyses.

Work on this paper was supported by research grant DA 070 29–01A1 from the National Institute on Drug Abuse.

Photographs pages 2, 4, and 8 copyright © 1998 Corbis Corporation; photograph page 3 copyright © 1998 Weststock.

Additional Resources

Athletic Initiative Against Drugs
(www.ondcpsports.org/)

This initiative is designed to mobilize the athletic world to educate children about the dangers of drugs and provide them with positive opportunities to keep them away from drugs. It is based on four principles: getting young people involved, coaching youth away from drugs, shaping attitudes, and producing results.

NIDA Goes to School
(www.nida.nih.gov/backtoschool/nidab2s.html)

This Web site features a new science education initiative for middle school students and teachers. It presents the Mind Over Matter Series, which is designed to encourage young people in grades five through nine to learn about the effects of drug abuse on the body and the brain.

Parenting IS Prevention Project
(www.emory.edu/NFIA/PIPP/index.html)

This Web site was created by parents for parents. It provides practical advice for parents on talking to their children about drugs, gives warning signs to help parents identify drug abuse, and provides tips for helping young people stay drug free.

The Parents' Hub
(www.mediacampaign.org/parents/parents.html)

The Parents' Hub is an Internet guide to keeping young people healthy and drug free. It provides information on what drugs look like, how to find help, and how to talk to youth about making positive choices. This resource includes an action plan for families to use in raising drug-free children.

Project KNOW
(www.projectknow.com/)

Project KNOW is a Web site that supports the National Youth Anti-Drug Media Campaign, an initiative led by the Office of National Drug Control Policy in collaboration with the Partnership for a Drug-Free America. Its mission is to tell the truth about drugs from the perspective of youth, parents, and experts. The best way to avoid problems is to "KNOW" the truth about drugs.

Your Time—Their Future
(www.health.org/yourtime/)

Your Time—Their Future is a national public education campaign developed by the U.S. Department of Health and Human Services. The campaign encourages adults to become involved in volunteering, mentoring, and other efforts that help young people ages 7 to 14 participate in positive activities that build skills, self-discipline, and competence.

Share With Your Colleagues

Unless otherwise noted, OJJDP publications are not copyright protected. We encourage you to reproduce this document, share it with your colleagues, and reprint it in your newsletter or journal. However, if you reprint, please cite OJJDP and the authors of this Bulletin. We are also interested in your feedback, such as how you received a copy, how you intend to use the information, and how OJJDP materials meet your individual or agency needs. Please direct your comments and questions to:

Juvenile Justice Clearinghouse
Publication Reprint/Feedback
P.O. Box 6000
Rockville, MD 20849–6000
800–638–8736
301–519–5212 (Fax)
E-Mail: askncjrs@ncjrs.org

U.S. Department of Justice
Office of Justice Programs
Office of Juvenile Justice and Delinquency Prevention

Washington, DC 20531

Official Business
Penalty for Private Use $300

PRESORTED STANDARD
POSTAGE & FEES PAID
DOJ/OJJDP
PERMIT NO. G-91

AUTO********3-DIGIT 207 S5 P1
CHRISTIN ROWSOME 32788
SECURITY OFFICER
ERIC PROCESSING & REF FAC
2ND FL
1100 WEST ST
LAUREL MD 20707-3587